

**CINCINNATI POOL  
MANAGEMENT, INC.**

*Professional Management, Lifeguard Services, Pool Equipment & Supplies*

**FLORENCE AQUATIC CENTER  
EMPLOYMENT APPLICATION 2010**

Today's Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

**Personal Information:**

\_\_\_\_\_  
Last Name First Middle Nick Name

**Address:**

\_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Pager/Cell Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have transportation to work? YES NO

What dates are you available? Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School/College: \_\_\_\_\_

Grade/Year \_\_\_\_\_

Hobbies, Sports, & School Activities \_\_\_\_\_

Birth date: \_\_\_\_\_

**Certifications:**

*Please list the Expiration Date on any of the following certifications that you hold:*

Basic Lifeguarding: \_\_\_\_\_ Where did you receive this certification? \_\_\_\_\_

CPR/Pro Rescuer: \_\_\_\_\_ Where did you receive this certification? \_\_\_\_\_

First Aid: \_\_\_\_\_ Where did you receive this certification? \_\_\_\_\_

Please list any other certifications you have: \_\_\_\_\_

**Record:**

Please list any driving violations: \_\_\_\_\_

Please list any criminal violations/records: \_\_\_\_\_

If required, you will have to take a drug test every 6 months. Do you consent? YES NO

**Employment Experience/ Work History:**

*Please list your two (2) most recent jobs, including your most recent lifeguarding job.*

May we request a reference from your present employer? YES NO

*Name of Employer*

*Starting Date*

*Date of Leaving*

*Type of Business*

*Starting Pay*

*Pay at Leaving*

*Supervisor/Title*

*Your Title & Duties*

*Phone Number*

*Reason for Leaving*

*Name of Employer*

*Starting Date*

*Date of Leaving*

*Type of Business*

*Starting Pay*

*Pay at Leaving*

*Supervisor/Title*

*Your Title & Duties*

*Phone Number*

*Reason for Leaving*

**References:**

*Please list two (2) references other than family and best friends.*

Name

Phone Number

Relationship

Name

Phone Number

Relationship

**Pool Preference:**

*Please list your order of Pool Preference*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Emergency Notification:**

Name

Phone Number

Relationship

**I UNDERSTAND THAT MY EMPLOYMENT WILL BE STRICTLY SUMMER EMPLOYMENT, AND I, THEREFORE, WILL NOT FILE FOR UNEMPLOYMENT WHEN MY EMPLOYMENT ENDS.**

**SIGNATURE** \_\_\_\_\_

**How did you hear about Cincinnati Pool Management?** \_\_\_\_\_

**Street Address:**

10160 International Blvd.  
Cincinnati, OH 45246

**Mailing Address:**

P.O. Box 603  
Cincinnati, OH 45071

**(OVER)**

**Phone:** 513-777-1444

**Fax:** 513-755-5452

**Website:** www.cincinnati poolmgmt.com